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ABSTRACT

This document provides guidelines for setting up support groups in the schools designed to manage the problems associated with chemical use and abuse. Sections on group membership, the support group as a learner-centered educational experience, and purposes of the support group are presented. Sources of student referrals from the school, family, and community are outlined, giving criteria for appropriate referrals. Naming the group, group leadership and planning, and scheduling the group are discussed. Suggestions for orienting students, attendance policies, the room and time of meeting, adding new members, and staff education are provided. Information regarding confidentiality and group rules is presented, followed by sections on supervision and evaluation. Using students as resources is discussed in terms of peer facilitators, leaders, and contact persons. Training resources for helping and facilitation skills are highlighted. Goals and objectives for alcohol and drug support groups are broken down for three types of groups: the assessment group, the concerned persons group, and the recovering students group. Goals of the group, goals for group members, and tips on group process are given for each type. Flowcharts about how the support groups work, assessment scales, sample letters and forms, program checklists, and a 57-item bibliography are appended. (LLL)

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GUIDELINES
FOR
SETTING UP SUPPORT GROUPS IN THE SCHOOLS

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"In the sense in which a person can ever be said to be at home in the world, a person is at home not through dominating, or explaining, or appreciating, but through caring and being cared for..."

ON CARING, Milton Mayeroff

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PREFACE

ROLES AND RESPONSIBILITIES WITHIN A CHEMICAL DEPENDENCY ASSISTANCE PROGRAM

The development of a chemical dependency assistance program increases a school's ability to intervene earlier with troubled students. At the same time, it increases the school's responsibilities in managing students with problems caused by chemical abuse or dependency. Establishing policy and procedures for dealing with those students ensures that the administration and other school personnel understand their responsibilities. In addition to understanding appropriate policy procedures, administrators and faculty members need to have definitions of their exact roles and responsibilities within the chemical dependency assistance program. The new insights into chemical abuse and dependency that school personnel acquire through in-service and awareness programs will prompt questions as to how the new knowledge should be used in dealing with students.

The role for teachers is to use their new knowledge to identify students who may have a problem and refer them to an appropriate resource. This becomes part of their normal job responsibility for managing and monitoring classroom behavior. Administrators retain their responsibilities to interpret school policy, apply appropriate procedures, and enforce rules. Their action with a student who breaks a rule regarding chemicals may include a referral for help and/or suspension. New awareness of chemical dependency will make it possible for teachers and administrators to observe, document, and confront students regarding behavior and performance, and subsequently make necessary referrals for help.

The functions to be fulfilled within a chemical dependency assistance program need to be separated and assigned to someone with specialized knowledge and skills, such as guidance counselors or social workers. Those functions employ strategies to manage chemical problems when the symptoms first appear and

are relatively easy to correct (secondary prevention). Secondary prevention's primary strategy is early intervention, which is the goal of a chemical dependency assistance program. The six functions of a chemical dependency assistance program are to:

1. assess the nature and severity of the problem,
2. refer students to self-help or to evaluation for treatment,
3. follow-up on students returning from treatment,
4. coordinate support groups and peer helper programs,
5. counsel individual students and/or their families, and
6. consult with school staff about chemical dependency issues.

These functions may be fulfilled by a staff person within the local education agency, or they may be provided through contracts with outside service agencies. The local education agency must determine how to best provide necessary services in all of its schools. It is as important to provide assistance for affected children in the elementary schools as it is to provide help for high school students.

The four models being used to provide these services to students are:

1. the coordinator model, in which the school hires a staff person to manage all aspects of the chemical dependency assistance program;
2. the consultant model, in which the school hires consultants to assess, refer, and follow-up students, run support groups, and train staff;
3. the committee model, in which a team of school staff persons does assessments, referrals, and follow-up, and may coordinate and run support groups;
4. the eclectic model, in which components of all of the other models are used to provide services. This is the most commonly used model.

In considering which model to use, the local education agency needs to determine if there are individuals on staff who can provide the necessary

services. It also needs to consider the impact that delegating services to outside agencies will have on institutionalizing a comprehensive program within the school system. It may prove beneficial to hire consultants to provide some services while simultaneously training school staff who can assume longer term responsibility for those services. In that way the school can move from a consultant model to a coordinator model over a period of time. The more that services are directly provided by the schools, the greater the possibility of intervening early with students because communication is direct and sequential within the chemical dependency assistance program. Regardless of the model a local education agency chooses to use, there should be a core group of administrators and faculty that coordinates the overall chemical dependency assistance program.

The delineation of staff functions, as they relate to any of these models, can be explained through a diagram that may be incorporated into the school's description of procedures (Appendix I, page 46). Ideally, this should be done in the early stages of program development, before staff in-service, to allay apprehension regarding roles and responsibilities within the chemical dependency assistance program.

In establishing a chemical dependency assistance program within any of these models, the local education agency's role does not include any treatment of students. It is the responsibility of qualified outpatient or inpatient facilities to evaluate and treat chemically dependent or affected students and their families. The school's responsibilities are to offer options within the school that may lead to a referral for formal evaluation and treatment, and to provide support services for students during and after treatment. The attached Diagram Appendix II, page 47 describes this flow of responsibilities and services.

A chemical dependency assistance program is an essential component of a comprehensive school-based chemical dependency prevention and intervention program. The establishment of policies and procedures that clearly define the roles of staff and the functions of the program coordinator(s) will assure the successful institutionalization of the program in the school system.

This preface has been approved by the Maine Association of Substance Abuse Programs representing the majority of licensed and/or certified substance abuse providers in Maine.

I. INTRODUCTION

A school chemical dependency assistance program is designed to manage the problems associated with chemical use, abuse, and dependency among students. Schools must set up a policy and procedures to deal directly with students who are harmfully involved in chemical use, and school personnel need to know where and how to refer troubled students. Support groups are one important step in the process of helping students get the necessary support and assistance they need since it is in the groups that students can talk about problems and obtain help.

When groups are set up to focus on alcohol and/or other drug use and its effect on family members, the non-user and non-affected student is left out. Yet, the "fence-sitter" who has not used and may want support for his/her non-use also needs a group. To discuss his/her concerns, this student can attend a generic support group or peer-helping group. This student can best be helped by comprehensive primary prevention programs, and therefore does not fall within the guidelines of a chemical dependency assistance program whose purpose is to assist students who have already identified their chemical abuse or dependency problems.[1]

Setting up a support group requires careful planning and consideration of the group's impact on the school. The school needs an alcohol and other drug policy so that administrators know that the ultimate goals of the support group are, a referral procedure so that teachers know where to refer a student, faculty and student awareness training so that adults and students know that they can talk openly about chemical dependency, and training for support group

[1]For more information on primary prevention programs, see the Division of Alcohol and Drug Education Services' "Guidelines for Planning and Conducting Student Awareness Programs" by Madonna Flanders and Bruce Spang, 1983, reports on "Project Graduation," and Chapter XIV in this booklet on Peer Helping.

facilitators so that they can run groups effectively. Once a support group begins to meet, administrators arrange for schedules and rooms, teachers manage the changes in schedules, and students attend these new groups, all of which require careful planning and coordination. The purpose of these guidelines for planning and conducting support groups is to help administrators, teachers, and facilitators integrate groups into the school's chemical dependency assistance program.

II. GROUP MEMBERSHIP

At the outset, schools choose between establishing groups designed to deal exclusively with alcohol and other drug issues or setting up more generic groups in which students' alcohol and/or drug concerns emerge along with other problems. Either type of group can be successful as long as the school is consistent in its selection and placement of students so that students hear a clear message about who should attend the group.

When groups are set up specifically to focus on chemical abuse, they generally must be further sub-divided according to the student's involvement with chemicals. The assessment group is for the experimenter, user, or harmfully dependent adolescent who joins to assess his/her involvement with alcohol or other drugs. The concerned persons group is comprised of adolescents who live with and/or are friends with a chemically dependent person about whom they are concerned and by whom they are affected. This group really consists of students who have been quite differently affected by chemical dependency. The concerned student may just be worried about a friend or relative, whereas the affected student usually is emotionally harmed by the chemically dependent person and the inevitable family disruption. However, both can benefit by attending the same concerned persons group. A third group helps the recovering adolescent deal with sobriety.

These groups have distinct goals and objectives which are described in detail in chapter sixteen. Briefly, the goals reflect the concerns and needs of the group members. In the assessment group, students learn about chemical dependency as a disease, discuss and assess their own use with other group members, and decide if they may need more help. In the concerned persons group, students learn about living with a chemically dependent person and learn that the feelings of guilt, resentment, and anger which have made them feel out of control are a normal response to living with an alcoholic. They receive help from other affected students and support to make the changes that are feasible given the family problems. In the recovering group, students learn how to adjust to a chemical-free life style, how to handle peer pressure to use alcohol or other drugs again, and how to cope with the mixed feelings of hope and despair which often follow treatment. Students may stay involved in this group for two years, which is the normal length of time for rehabilitation.

The generic group includes students who have many different problems. Some students may have failed a number of classes, others may have broken school rules, others may have unplanned pregnancies, and others may have just returned from treatment. In the group, students learn how to support one another and to solve their problems. Since most adolescents, even those not explicitly seeking help, are interested in and concerned about alcohol and other drugs, these topics are likely to be raised in group. Even if those issues are not discussed, the skills students learn in generic groups in connection with other problems are transferable to their alcohol and other drug issues. As they learn to get support, to identify problems, to express feelings, and to make rational decisions, they often find that they are able to make better decisions about chemical use. In fact, after talking about other issues without the spotlight focused too intently on alcohol and other drugs, they may feel even safer in honestly discussing experiences they may have had with them.

III. THE SUPPORT GROUP AS A LEARNER-CENTERED EDUCATIONAL EXPERIENCE

Schools need the help of students to assist in planning, naming, training, operation, and evaluation of effective support groups. The more students are involved, the better they feel about their participation, and the more likely they are to use the group as a forum for change.

This involvement in the process provides students with a learner-centered experience. By actually planning the groups, assessing the goals and objectives, and participating in helping with the skills training, students learn about support groups first hand and become persuasive spokespersons for student participation in the groups. Instead of the facilitators having to take the responsibility for selling support groups to students, the participating students marshall support in their sub-groups. This direct involvement also lets students have invaluable educational opportunities to increase their skills in planning, decision making, organizing, and communication. Throughout these guidelines, student participation is emphasized as a key ingredient in organizing and implementing each phase of support groups.

IV. PURPOSES OF THE SUPPORT GROUP

The support group functions as a safe environment for expressing feelings and a sense of belonging, and equally important, as a learning laboratory to gain self-acceptance and social skills.

These two functions are captured in the different meanings of the word "support." One definition of support is "to hold someone, to prevent them from falling, sinking, or slipping." This is an external support, the kind of help offered to one person by another. Support also means "to be able to withstand, to bear up." This internal support that is characterized by inner strength and self-discipline. In a support group, students learn that with the help of friends, they can begin to deal with problems that previously discouraged or

even defeated them. Inner strength develops as students begin to feel a sense of belonging to the group and value as group members. Competency in managing life problems develops as students learn to communicate with others and to practice decision-making skills.

The group experience is a powerful tool for helping adolescent students make positive changes in their lives, changes they may not be readily able to make in their own peer groups. In the peer group, adolescents learn how to separate from home; to live as individuals with their own values, friends, and interests; and to experiment with adult behavior including alcohol and other drug use. The peer group bolsters adolescent attempts to escape from the constraints of childhood. It simultaneously increases adolescents' sense of being cut off from familiar values and supports of the family without giving them the chance to decide which of those values and supports to retain and which to dismiss.

Since most peer groups highly value conformity and do not encourage or even tolerate discussion of ambivalent feelings about conflicting values or norms, adolescents need another way to sort out these ambivalences. Support groups provide a structured setting in which adolescents can address problems and ambivalent feelings about decisions they must make as they enter adult society. Groups allow students to observe one another in a safe setting and to realize that others have similar concerns about themselves, their relationships with others and their chemical use. By sharing personal experiences, students begin to gain control over their problems rather than feeling controlled by the problems. Groups provide a structured way for students to talk in confidence about issues that they would not feel safe discussing informally with their peers because of fears that someone would talk or consider them "weird." The groups become one bridge to discovering what changes they can make while still maintaining their individual identities.

V. REFERRING STUDENTS TO GROUP

If a student willingly joins the group, the referral process is simple. It is a self-referral which reflects a student's genuine interest in getting help. When another person makes a referral, the process is complicated by the student's natural resistance to joining a group which threatens his/her chemical use, or possibly exposes his/her parent's chemical use. Minimizing the delay between referral and the student's attendance at the first group meeting is therefore a significant factor in whether the student actually joins the group.

When students and faculty clearly understand the avenues of referral, a student knows what to expect if someone refers him/her to a group and usually decides to join the group. There are five sources of student referral:

1. Staff Referral - School personnel refer students when they:
   - o perceive declining or unacceptable school performance
   - o have personal knowledge of student needs
   - o observe alcohol or other drug use
2. Administrative Referral - Principals and superintendents refer students who:
   - o fail in their classwork
   - o break school rules
   - o plan to drop-out of school
   - o present frequent disciplinary problems
   - o act disruptively at a school activity
3. Community Referral - Professionals and community members refer students:
   - o who present alcohol or other drug problems
   - o when dramatic change is noticed in their friends and behavior
4. Family Referral - Family members refer students:
   - o who present alcohol or other drug problems

- o to demonstrate concern about known chemical use
- o when dramatic change is noticed in values and behavior

5. Peer Referral - Peers refer students:
   - o who present alcohol or drug problems
   - o to demonstrate concern about known chemical use

Staff Referral

A staff member either directly observes alcohol or other drug related behavior or infers that a student has a chemical problem based on deteriorating performance. The staff person who witnesses violations of the school's alcohol and other drug policy can immediately confiscate any evidence and ask the student to accompany him/her to the office. The principal can take disciplinary steps and/or refer the student to a group.

A staff member who notices a definite decline in a student's performance (grades, conduct, demeanor), can confront the student with his/her observations and concern. The behavioral checklist in Appendix V may be useful in focusing on the specific changes in the student's performance which the staff member has observed. During the discussion, the staff person may refer the student to a support group. In general, students will accept the referral as an opportunity to get help.

Administrative Referral

Principals and superintendents may identify students for whom referral is appropriate as a result of:

- o observed violation of school policy, federal, state, and/or local regulations regarding alcohol or other drug use
- o documented behavior that may be related to alcohol or other drug use
- o observed change in school performance
- o documented need for a group experience by a referral person

A student brought before the principal for an offense that results in a two week suspension may be given a choice between the suspension and membership in a support group for several weeks, a semester, or a year. A student may also be offered the choice of returning early from a suspension if he/she agrees to go to the support group. Students offered this opportunity typically elect the group rather than suspension. They recognize that a suspension only increases the likelihood of more alcohol and drug use, while the support group provides structured support and supervision for assessing and changing their behavior.

By attending support groups, potential drop-outs (or students who have typically failed in school) often start attending school again and improve their class work. These youth may come from disfunctional families in which chemical dependency creates enough instability that children feel discouraged at home and in school. With an opportunity to talk with peers about their discouragement and with a chance to recognize their worth as members of a special group, these youth feel accepted and get involved in school work.

Community Referral

Many community agencies who work with adolescents and their families, such as the criminal justice system, social services, counseling agencies, and clergy, are in a position to witness or suspect alcohol and other drug related behavior. Formal contacts between these agencies and a school's support group leaders are more likely when agencies are aware that the support groups exist and know of a school contact person to whom they can refer.

Family Referral

Parents who have been made aware of a school's chemical dependency assistance program may contact the school for information or assistance. These contacts may lead to several discussions between family members and school personnel about a son or daughter who is acting out and who is suspected of alcohol and/or other drug abuse. These family meetings often lead to referrals

to support groups.

Peer Referral

Students who witness chemical use and are concerned about a friend's use can discuss these concerns with support group leaders. Many students will talk to trusted school staff, who then can encourage them to see the support group leader. Students are interested in discussing their concerns about fellow students as long as staff respect their need for confidentiality.

Some of these concerned peers may also be appropriate candidates for staff referral to a concerned persons group where they can discuss their concerns. A staff person can assist concerned students in deciding how to refer their friends. Students may feel comfortable telling their friends about specific behavioral changes that seem indicative of problems with alcohol and/or other drugs. Students can then explain the function of support groups and encourage their friends to attend.

Screening Students for Groups

Once students are referred to the group facilitator, he/she must screen them to determine who is appropriate for each of the different groups. In the screening procedure, the facilitator can assess the nature of the problem and discuss the goals and objectives of the various groups with each student. If a student cannot immediately join the group, he/she may temporarily meet with the person who does the screening for support.

VI. NAMING THE GROUPS

Naming the school's groups is more important than it may at first seem. The name often makes a lasting impression on teaching staff, students, family, and community members alike. It may attract the people who can be served or threaten them.

If students are able to participate in naming their school's groups, they

are more apt to feel comfortable about joining if they have or develop personal concerns. Involving students in a contest to name all of the groups or the group which they join are two ways of eliciting student input.

A school may decide simply to call the groups "group" or "support group." "Labels get in the way," one group facilitator cautions. "What you are looking for is a common ground." This illustrates an important consideration: a group's name should be broad enough to include any student rather than so specific that potential participants feel automatically excluded.

The name may be chosen to reflect those who attend the group, such as a "concerned persons group," "peer-helping group," "academic group," or "recovering group." The name can also highlight what happens in the group, such as "insight group," "feeling group," or "rap group."

Groups that are specifically designed for children of divorce are often called, "changing family groups." Since alcohol abuse accounts for at least 40% of all divorces, issues of affected children predominate in these groups.

Labels such as "user group" or "affected group" should be avoided. Students know what these names mean and recognize the stigma attached to participating in such a group. As a result, they may resist the label and use it as an excuse not to attend the group.

VII. GROUP LEADERSHIP

The facilitators for groups are usually people from the school who have had support group training and/or previous group leadership experience. Occasionally facilitators have had experience with Alateen, Al-Anon, or Alcoholics Anonymous. Schools have also successfully used co-facilitators. Pairing a staff member with someone from the community is valuable for students who may hesitate to approach a school employee about an issue, yet might be willing to talk with someone who does not represent authority to them.

Male/female co-facilitators may function well because male students may feel more comfortable with a male facilitator, while female students may feel safer with a female facilitator. It may also work well to pair an adult and a student as co-facilitators. A trained peer helper may have success in communicating with some students who would not open up to an adult alone.

Pairing a professional group facilitator with a teacher who has little group experience allows the inexperienced group leader to gradually learn how to run a group and builds in professional supervision. This training experience is ideal in schools whose staff do not feel competent in leading a group.

Most schools recommend using co-facilitators to provide direct feedback and morale support for each other. However, it is possible to use a single facilitator whose professional support comes from meeting regularly with other facilitators or to have rotating facilitators who are themselves members of a facilitator support group.

Most facilitators are school/community team members who have received some form of group training. Some local education agencies, however, use only outside professionals to lead support groups. Occasionally a non-professional serves as a co-facilitator, yet the professional has primary responsibility. Other schools use professionals who work within the school, such as social workers or guidance counselors. Designating school personnel as facilitators may require a change in their job descriptions which further assures the institutionalization of the chemical dependency assistance program within the school.

As students learn how to be responsible group members and become more comfortable with themselves and each other, they can be asked to co-facilitate a group. The benefit of having rotating student co-facilitators is that all students feel group ownership and become more involved in the group process. This widening circle of ownership and involvement develops because the co-

facilitator, who naturally feels scared about the change in role from participant to co-facilitator, needs the support of other group members, who generally work harder to help their peers.

Whoever is selected to lead groups, high standards must govern the choice of facilitators. These standards assure both the professional competence of the facilitators and the commitment of the school to support groups. To assist in selecting facilitators, a checklist to evaluate potential candidates is included in Appendix I.

VIII. PLANNING FOR THE GROUP

After a facilitator has been chosen to lead a group, but before the group actually meets, a number of arrangements must be made and policies and procedures developed:

The Room

In schools across Maine who have support groups, one facilitator currently meets with his/her group in a boiler room, another above the band room while the band practices, still another in any room available and rarely in the same place. Obviously, locations such as these discourage group attendance.

Locating an appropriate room is important to the success of the group and involves considerations that are seldom necessary in selecting classrooms. Support group members want and need privacy. It is important to use a room with no windows or to cover existing windows. A conference room can effectively provide privacy. It is also vital that the room be arranged so that the group can sit in a circle, allowing members to see each other - students often recognize what other participants are feeling by how they look, not by what they say. It is preferable to use chairs without attached desks to permit recognition of non-verbal messages. Gifted leaders can succeed with a group meeting around a table. In this case, students may see the table as a comfort

rather than a barrier.

Regardless of the details, the arrangement of the room and chairs must create a relaxed, informal atmosphere in which students feel comfortable enough to talk freely with one another. If a permanent room is assigned to the group, students can decorate it with furnishings, posters, and carpets according to their own tastes.

The Time

To expect to make a commitment to attend group, the school must indicate the same commitment to group as it gives to other important, regularly scheduled activities. Consistency is therefore the key to scheduling the group. It should always meet at the same time and place. This encourages students to attend group just as they attend other regular activities.

Staff Education

Teachers who are not directly involved in support groups may develop misconceptions about groups based on what they hear. Since teachers can be extremely helpful in support group efforts or can be a divisive influence, it is critical that group leaders and administrators educate other members of the staff. This education must be an ongoing effort, not merely a one time occurrence. Through yearly in-service education, pamphlets, or department meetings, staff can be given opportunities to learn about when groups meet, how students are referred to groups, and what groups provide to students. Even with staff education, a teacher occasionally challenges a facilitator to justify a particular student's participation in the group. "Sally has been in your group all year," a teacher may protest, "and I don't see any changes. The group has made no difference at all." Instead of reacting defensively, the facilitator needs to give general information about the group and to clarify that its purpose is to support students, not necessarily to change their behavior.

Orienting Students

Schools can orient prospective group members by involving them in an orientation group offered once a month. This allows the interested and curious to see first-hand who is in the group and what happens there before making a commitment to be involved. In this orientation session, a packet of information can be distributed with handouts on chemical dependency and group rules.

Attendance Policy

To assure continuity within the group, schools should develop a policy about attendance at group meetings. One policy could be that once a student decides to come to group, he/she will not miss the group for any reason other than absence from school. Another policy option is that a member who needs to miss a group meeting is expected to tell the group beforehand. This gives other participants a chance to discuss that member's absence. To avoid the problem of frequent dropouts, most groups take the position that, "once you come to our group, you have made the commitment to continue." If a member breaks the agreement, he/she must discuss the absence with the group. The group should be involved in setting the attendance policy so that each member has an investment in observing it.

Adding New Members

After a group meets several times, new members may wish to join. Inclusion of new members must be handled sensitively. The leader notifies the group a week in advance that, "a new person would like to join our group." Group members then decide if the group can accept a new member. Invariably, the interested student is invited to join. Through this process, the group gains a sense of control over and responsibility for the group size. The new member also feels welcome in the group and is not subject to the feeling that he/she may not be wanted.

Termination

A member who decides to leave group is expected to discuss the termination with the group in order to help other members deal with the loss and resultant change. The departing member explains his/her reasons for leaving and allows other members to say good-bye. Since children of alcoholics seldom have continuity in their family life and because termination is often handled poorly in our society, facilitators need to pay particular attention to this part of group life.

Similarly, at the end of the school year a group should discuss its termination. Group leaders need to plan for and discuss appropriate help that may be required for members over the summer, and the group should talk about when, where, and how the group will start up in the fall. If at all possible, the facilitator is encouraged to specifically state, "this group will begin again the second Tuesday in September and will meet in this room." Setting a specific date and time enhances the feeling of continuity and permanence so necessary to students whose lives may be disrupted. It also avoids the "wait till September" syndrome, which often leaves administrators and facilitators scrambling to find rooms and times to meet in the fall.

IX. SCHEDULING THE GROUP

Arranging group meetings can be a major problem for schools. How does a school sandwich group time into normal class periods, lunch periods, sporting events, and assemblies? How are teachers released from classroom duties so that they can facilitate groups?

The most popular time for holding groups is during study hall. To avoid eliminating students who do not have study hall when the group is held, these students may be given release time from the conflicting class once a week with the understanding that all work must be made up. In schools with rotating

schedules, students miss alternating classes, never the same class twice in a row. Facilitators must arrange student absences from class with the teacher beforehand to avoid conflict. Alternatively, the activity period or the teacher/facilitator's planning period may be used as group time.

Groups can also be held after the school day. The advantages of after school groups are that they do not conflict with classes and length is not regulated by school bells. Drawbacks are lack of transportation and potential conflicts with sports and other activities. Of course, groups can also be held first thing in the morning. This gives students a chance to discuss the previous evening's or weekend's events. Chemical users may also be less likely to be "high" in the morning than in the afternoon.

Some schools use off-duty teachers to provide coverage for teachers who are leading support groups. One school designated the period following the group as free time for the facilitator. This also provided extra time on the occasions when the group needed to resolve important issues. Obviously, no one time is ideal for all students. Holding different groups at different times of the day lets most interested students find a group suited to their schedule.

X. CONFIDENTIALITY

Students may have the legal rights of an adult, but they do not have the social freedom. They are still responsible to their families, and their parents are responsible to them as legal guardians until the age of majority. Consequently, involving students in groups raises questions about the parents right to know versus the students' rights to privacy. When a school offers a support group, it has three choices regarding the confidentiality of participating students:

- o to inform one or both parents
- o to require students to inform their parents and report back to the group

o to allow disclosure to be at the students discretion

Many schools that choose to inform parents do so during the assessment process (See sample Letter, Appendix VII). If a child of a known alcoholic wants to participate in a group, the facilitator should be prepared for resistance from the parent.

Schools that leave the choice of disclosure to students recognize not only that students do not need permission to talk to guidance staff, but also that deciding whether to inform a parent is itself part of the group process. Other students can help uncertain students decide whether and how best to inform their parents. In schools that do not require disclosure, students may choose to discuss and get feedback from other students on their decision to attend group before deciding whether to tell their parents. Many students need to learn about the group through participating in it before they can articulate its purpose to the parents.

If a group facilitator needs to disclose some information about a student's alcohol or drug use to another professional or a treatment center, he/she is required by law to obtain a signed form for release of information from the student and his/her guardian. A sample release form appears in Appendix III. Appendix IV is a sample letter for a treatment facility that could accompany information about the student.

Confidentiality in the Group

Confidentiality is very important to students. It means that each group member can rely on others not to disclose publically what is said in group.

Without exception, confidentiality is the fundamental rule of groups. The facilitator must let students know that there is only one legal exception to the rule of confidentiality. If there is an indication that a student or person related to the student is in personal danger, by law, the facilitator must notify the person at risk.

Other staff members and parents may want to find out what a student, son,

or daughter discusses in group. Such inquiries often compromise group members because they feel they should tell the teachers or parents, who often have good reasons for wanting to be told. The facilitator needs to discuss with students how to respect the person's interest in knowing, while keeping the commitment of confidentiality to the group. For teachers and parents who want more information about the group, a facilitator can offer them a chance to talk in a separate group to help them understand the objectives and process of the support group.

XI. GROUP RULES

Talking about oneself is scary to students who may have never before done so. Group rules are needed that create a safe, non-threatening environment in which students can trust, discover their own feelings, learn how others perceive their behavior, and learn how other group members think and feel. This safe atmosphere can begin to be established as early as the initial group meeting by having students discuss and agree to these rules:

1. Confidentiality is essential, which means what is said in group must stay in group. A student is free to reveal anything about himself or herself outside of the group. Disclosing or repeating anything about other group members, however, is not allowed.
2. Group members must be willing to participate and share something about themselves at some point. There are no observers in group.
3. Feedback is to be given in specific, constructive terms. It should be expressed directly to the person who wants or needs feedback.
4. Everyone in the group has the same rights and responsibilities. Any decisions are to be made collectively by the group, not by the facilitator, or any individual or clique. Everyone has the right to expect respect and deserves to have his/her contribution valued.

5. Participants are expected to enter into contracts aimed at reducing or stopping their use of chemicals.

6. Attendance at all sessions is expected. A member's primary responsibility is to be at regularly scheduled group meetings.

7. Group meetings are to start and end on time.

8. No expression of physical violence will be tolerated.

9. Smoking and drinking beverages during the group are not permitted.

The facilitator has four added responsibilities:

- o to make sure that every member's comments are heard
- o to help each participant feel a sense of belonging
- o to make outside referrals for members who may require additional support and help
- o to help each member develop his/her personal goals for group

Students need to phrase these rules in their own words so that the need for them is clear and they understand they are responsible for observing them. Of course, students may also develop more rules of their own. When the facilitator encourages students to contribute to structuring the group, the threat of the group diminishes significantly since students have more control over its process.

XII. SUPERVISION

Just as facilitators encourage students to help one another, so do facilitators need to help each other solve problems. It is vital to the well-being of the group and the facilitator to develop a procedure that allows discussion and supervision among facilitators about their group work. If supervision is neglected, the student groups will suffer, and facilitators will become discouraged and eventually drop out.

It is recommended that facilitators set aside one afternoon a month to meet with a professional designated for supervision. The other three weeks of the

month facilitators need to meet together at a regular time to discuss with each other the positive and negative aspects of their groups. One practical time to schedule facilitator meetings is before the school day starts, which is a time when almost everyone can attend.

In the supervision session, it is important to continue to respect students' rights to confidentiality. Facilitators may talk about group issues, but must not reveal the names of members. If a group suspects that their facilitator discloses private information, even to other facilitators, the break in trust is certain to cause the group to disintegrate.

Supervision sessions can be facilitated by an outsider or by one of the group facilitators. They can be structured by asking any of the following questions: "Who wants to talk about his/her group first? What has been going on in your group since we last met? What changes are occurring in your group? What are the problem areas? How are you feeling about yourself as a facilitator?"

XIII. EVALUATION

Groups need to continually evaluate their progress and usefulness. This formal or informal evaluation measures group or individual objectives so that participants in the group can make changes in the group structure or leadership to meet their own needs.

In the evaluation process, students and facilitators can learn about themselves and get feedback on behaviors that may close off communication or encourage honest discussion. To conduct an evaluation, groups may:

- o tally the number of students who have used the group
- o develop their own evaluation sheets
- o answer pre-set questions in sub-group discussions and report out to the whole group

- o assess if group member met their personal goals
- o provide ongoing feedback in a suggestion box or an evaluation session
- o write progress reports

Methods of evaluation vary. The important points are that evaluations be done consistently, briefly, and cooperatively.

XIV. STUDENTS AS RESOURCES

We have considered why student input into program design and implementation is not only desirable, but also very necessary. Students can be involved in performing effective roles in actual program operations in three ways:

- o as peer facilitators
- o as peer leaders
- o as peer contact persons or first friends

Peer Facilitator

Peer facilitator programs have become as fashionable as they are successful in dealing with a broad range of student problems. In such programs, student volunteers are recruited, screened, and given extensive training (from ten to thirty hours) to enable them to perform effectively and responsibility.[1]

These students are facilitators and helpers in the sense that they are trained in listening skills; interpersonal skills such as confrontation, giving feedback, trusting, and self disclosure; and various techniques of facilitating communication. They are, however, prohibited from giving the sort of advice that a professional therapist might offer a client. The major theoretical basis for peer facilitator programs is that deficiencies in life skills tend to place a student at high risk to become chemically dependent. Accordingly, the degree to which these skills can be strengthened increases the likelihood that some alcohol and other drug problems can be prevented. Self-evaluation by peer

[1] For more information on screening, training, and supervising peer facilitators, contact the Adolescent Chemical Dependency Program Specialist, the Division of Alcohol and Drug Education Services (tel. 289-3876).

facilitators has shown significant improvement in these skill areas for both students and the peer facilitators themselves. It has not been demonstrated, however, that the program has a measurable impact on alcohol and other drug use itself which is why a school needs a comprehensive chemical dependency assistance program. Peer facilitator programs appear to be most successful when the expected outcome of student contact is that the student at risk joins a support group or accepts some form of self-help or professional assistance.

Peer Leaders

The main function of peer leader programs is to provide sound educational activities that aim toward increasing other students' knowledge and awareness of alcohol and other drug problems. The strategy for classroom activities is to provide accurate, credible information, and to focus fellow students' attention on their attitudes and behavior. Peer leaders may also provide referral services as students begin requesting help as well as facts. Many schools are designing and implementing student awareness programs. The role of peer leaders in planning, implementing, and evaluating these efforts needs to be further explored.[2]

Peer Contact Persons

It is also possible to use students in a more specialized way - as contact persons who function as "first friends". The contact person is someone to whom any student can go to discuss an alcohol or other drug related problem or any other problem. The student contact person listens, provides appropriate and accurate information, shares personal experiences, as appropriate, and refers the student or encourages the student to contact the support group facilitator. Adequate screening and training of these student resources is necessary.[3]

[2]For more information on involving peer leaders in student awareness programs, contact the Adolescent Chemical Dependency Program Specialist, Division of Alcohol and Drug Education Services (tel. 289-3876).

[3]Anderson, Gary L. The Student Assistance Program: An Overview of a Performance Based Program For Identifying and Assisting Troubled Students In The School Setting. Madison, Wisconsin: Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse, 1979.

XV. TRAINING RESOURCES

To train staff facilitators or student peer helpers, local educational agencies can choose from a variety of peer helping and support group training programs. The staff and student training needs must first be assessed and then addressed. Adult facilitators and peer helpers need the same type of helping skills training. They need to develop proficiency in five basic helping skills:

1. Attending
2. Listening
3. Questioning
4. Disclosing
5. Problem-Solving

These skills are in conjunction with five group facilitation skills:

1. Structuring
2. Linking and Universalizing
3. Focusing
4. Summarizing
5. Ending

These skills require more than understanding the techniques, they demand a willingness to engage with others in some depth. Developing the abilities to become involved and to take risks is incorporated in all helping skills training. Another necessary component of this training is an exploration of adolescent development to familiarize facilitators with common life tasks and stresses confronting adolescents.

In Maine, there are trainers who teach these helping skills, including counselors in private practice, mental health and/or alcohol and drug treatment centers, and counselor education programs in universities. To find a qualified trainer in your area, contact the Division of Alcohol and Drug Education Services or call your local mental health center or other treatment provider agency.

When you arrange for training with the consultant from these services, apply the same standards to the training as you would to a new course in your school. The training would need to have specific goals and behavioral objectives which help administrators justify the effectiveness of helping skills training to the school board and provide school administrators with a clear educational rationale for the training. Although participants are trained to help students, the training can also meet broader education goals of increasing teacher effectiveness and students' productivity in the classroom.

Behavioral objectives that can be used to enhance professional skills and that can also serve as objectives in any helping skills training are defined in terms of how the helper would assist a person seeking help. They apply equally to most personal or professional interactions. Goals from which those objectives might be derived include:

1. To increase the helpers' ability to listen more effectively,
2. To enhance the helpers' ability to use non-verbal behavior to encourage the student to talk and become involved with him or her,
3. To alter the helpers' conversational style to include verbal responses likely to facilitate the students' self-exploration,
4. To analyze the impact of the helpers' own needs on the students' helping behavior,
5. To learn how to talk about the helpers' own feelings and reactions to the student in constructive ways,
6. To understand the stated and unstated communications of students,
7. To integrate the basic helping skills so as to conduct effective helping interactions.

XVI. GOALS AND OBJECTIVES FOR ALCOHOL AND DRUG SUPPORT GROUPS

The three types of support groups include students who are experiencing

problems with their use of alcohol and other drugs, who are affected by a family members use, and who are recovering. The goals and objectives of the user group identified below apply to the students assessing their problems associated with chemical use. Sample content outlines of eleven support group meetings are included to assist the facilitator in planning for each session.

A. THE ASSESSMENT GROUP

The Assessment Group Definition:

The assessment group is for students who may have an alcohol or other drug problem. In the group, they assess their use of chemicals and decide whether they need any help to control their use.

Goals of the Group

1. To enable the school to assess more accurately the degree of students' harmful involvement with alcohol and/or other drugs, and recommend appropriate sources of help.
2. To provide non-chemically dependent students with information and skills necessary for personally and socially constructive attitudes and behavior regarding alcohol and other drugs.
3. To reduce the number of students with alcohol and other drug problems.

Goals For Group Members

Alcohol and Drug Specific:

1. To examine patterns of behavior involving alcohol and other drug use.
2. To examine the consequences of chemical use.
3. To examine the relationship between chemical use and other aspects of life styles.
4. To identify and evaluate the role of chemical use in emerging value systems.
5. To make more informed decisions regarding present and future chemical use.

Personal:

1. To promote awareness of feelings and the defense mechanisms that inhibit acknowledging and expressing feelings.
2. To develop trust and facilitate self-disclosure.
3. To develop skills in leveling and confronting.
4. To develop problem-solving skills.

Tips On Group Process

During the early sessions of the assessment group, films on the disease of chemical dependency provide students with a common understanding of the problem. Films about the disease and its effect on the family are a safe way to open discussion. These films are listed in the booklet, "Guidelines For Planning and Conducting Student Awareness Programs," Division of Alcohol and Drug Education Services, Bureau of Instruction, Department of Educational and Cultural Services, 1983.

Students initially feel safer discussing the disease of chemical dependency as it affects characters in a film than they do in talking about its effects on them and their families. In this way, they discover whether can trust other group members.

To foster a sense of achievement, the facilitator should help group members develop personal goals that they can meet in the group. The goals are written in behavioral terms so that students can verify when they meet them. For example, one member's goal may be to agree to speak to one new person in the group. When this member actually speaks to a new person, the facilitator can celebrate the occassion by simply nodding or smiling in recognition of the accomplishment. All groups - and group members - develop specific goals which signify for group members their visible changes and accomplishments.

Assessment Group

Sessions	Content[4]
1-2	Experience:
	1. What was the student's first experience with chemicals?
	2. What chemicals has the student used?
	3. What is the student's current chemical use pattern?
	4. How does the current pattern of use differ from past use?
3-4	Harmful Consequences:
	1. How has chemical use resulted in negative consequences?
	2. How has chemical use caused problems with parents, siblings, relationships, law enforcement, school, emotional management, finances, and/or job?
	3. How direct is the relationship between chemical use and negative consequences?
5	Chemical Use Patterns:
	1. What are the student's chemicals of choice?
	2. What is the student's current pattern of use: frequency, quantity, occasions, circumstances?
	3. What aspects of the pattern can be altered to produce changes in chemical use?
6	Alternatives to Chemical Use:
	1. What are the major activities in which the student engages in work, school, and leisure time?
	2. What is the relationship between these activities and chemical use?
	3. What chemical free life styles and activities can be identified and tried?

[4]Adapted from a group process in use at Cooper Senior High School, Independent School District 281, Robbinsdale, Minnesota. Courtesy of Ms. Sylvia Horowitz, District Chemical Concerns Specialist.

Assessment Group Cont'd

Sessions	Content
7	Contracts:
	1. Students prepare contracts to abstain from chemical use which extend for the remainder of the sessions.
	2. Contracts need to be negotiated individually. They would indicate the individual's chemicals choice and reflect his or her present ability to control chemical use.
8	Economics of Chemical Use:
	1. What is the economic cost to the student of chemical use?
	2. How much time and money is devoted to chemical use and related activities?
	3. How else might that money be spent?
9	Personal Chemical Use Inventory:
	1. How has the student's chemical use harmed him or herself and others?
	2. How serious is the student's chemical involvement?
10	Disclosure, Sharing, and Ownership:
	1. How does it feel to share effects of chemicals on his or her life?
	2. What kinds of personal information does the student feel able and willing to share in the group?
	3. How can a student learn to trust other group members?
11	Decision Making:
	1. What other steps will the student take to deal with chemical use?
	2. What are the options for the student and his or her family members? (discussed privately with the student and facilitator)

B. CONCERNED PERSONS GROUP

The focus of the concerned persons group is different and therefore goals and objectives have been included to assist the facilitator in his or her planning for this group experience. Several tips on group process and content for ten sessions are outlined below.

The Concerned Persons Group Definition:

Students who are concerned about or affected by a family member's chemical use attend the concerned persons group. Although students may be concerned about a peer, they are more likely to want to talk about a parent or family member. The purpose of this group is always to focus on the students' feelings and behavior, not on the behavior of the person of concern. For example, if a student says, "I am afraid when Dad drinks," the group should concentrate on how to deal constructively with such feelings, not on how to control the father's drinking.

Goals of the Group

1. To provide alcohol and drug education.
2. To help students identify and deal constructively with feelings and behaviors associated with another person's use and with the stress of living within a chemically dependent family.
3. To support students in contacting self-help groups and/or other helping agencies in community.
4. To enable the school to assess how students are affected by family members' and others' chemical dependency.

Goals for Group Members

1. To understand chemical dependency as a family disease.
2. To understand and recognize personal enabling behaviors.
3. To understand and recognize personal behavioral responses to a chemically dependent person.

4. To promote discovery of feelings and of the defense and survival mechanisms that prevent that discovery.
5. To identify and express feelings associated with living with a dependent person.
6. To develop trust.
7. To develop skills in self-disclosure, giving and receiving feedback, leveling and confronting.
8. To discover and test positive behaviors for coping with chemical dependency.
9. To support decisions to attend self-help groups such as Alateen and Al-Anon.

Tips on Group Process

Support groups for affected students need to help them learn that they can trust and talk to one another about their pains and joys even though they may continue to live in a disrupted home. Since affected students have learned not to talk about chemical dependency in order to survive, the group can use visual arts such as making collages on feelings to help students express themselves verbally. Trust building exercises that foster cooperation, as in drawing a mural or comic strip on a specific topic, help students interact and identify their common concerns. Trust building exercises in the early group sessions break down the barriers to self-expression. In later sessions, the group can focus on mutual support and on coping with the chemically dependent person. The primary focus is on the fact that the students have a life of their own. They have the ability within themselves to establish positive primary relationships outside the home.

Concerned Persons Group

Sessions

	Content
1-2	Relationship Building and Exploration:
	1. Students tell a partner about someone they could trust who they would talk to about a success or failure.
	2. Students describe the characteristics of the person in whom they can confide.
	3. Facilitator presents a mini-lecture on listening skills.
	4. Students practice listening skills with a partner.
	5. Students make collages of alcoholism or chemical dependency in their lives and discuss in small groups.
2-3	My Place in the Family:
	1. Facilitator presents a mini-lecture on family roles and does a film presentation, Lots Of Kids Like Us.
	2. Students discuss with partners the roles they play in their families.
	3. Students discuss feelings associated with their roles.
	4. Students share with partners about someone who discouraged them and to whom they could not talk.
	5. Students discuss how they felt and how the other person behaved.
4	Denial - A Game of Pretending:
	1. Facilitator presents a mini-lecture on denial in the family and a film Children of Denial[5].
	2. Students discuss and make collages about denial in their families.
	3. Students discuss how family members pretend chemical dependency does not exist.

[5] Black, Claudia. The Guide: To Children of Denial. Newport Beach, California: A.C.T., 1983.

Concerned Persons Group Cont'd.

Sessions	Content
4	Denial - A Game of Pretending Cont'd.
	4. Students discuss the feelings associated with denial.
5-6	Feelings and Me:
	1. Students list all the things they do not like about themselves.
	2. Students work with partners to make these liabilities into assets by rewording them positively.
	3. Students discuss feelings that they believe they do not feel, such as guilt, anger, sadness, resentment.[6]
	4. Students discuss in group their difficulties in expressing feelings.
7	Defenses - We Need Them To Survive:
	1. Facilitator presents a mini-lecture on defenses that we have to use versus those we choose to use.
	2. Students make collages on the masks that they use to hide some of their real feelings.
	3. Students discuss with partners the way they use the masks.
	4. Students discuss masks in the large group.
8	Problem-Solving - What If? and Afterwards!:
	1. Facilitator presents a mini-lecture on problem-solving and finding alternatives.
	2. Students discuss possible solutions for a problem that was previously brought up in group.
	3. Students discuss in a small group how to resolve a problem and possible consequences of the solution.

[6] Black, Claudia. It Will Never Happen To Me. Denver, Colorado, M.A.C., 1981.

Concerned Persons Group Cont'd.

Sessions	Content
8 Cont'd.	4. Facilitator shows a film or video tape on problem-solving and the group discusses it.[7]
9-10	Self-Encouragement:
	1. Facilitator presents a mini-lecture on encouragement.[8]
	2. Facilitator leads a discussion on the encouragement process and has students encourage one another in round robin fashion.
	3. In pairs students talk about a risk that they will take within the next week and practice encouraging each other.

[7] Contact Lynn McHatten, Resource Libarian, Division of Alcohol and Drug Education Services, Stevens School Complex, State House Station #57, Augusta, Maine 04333 (Tel. 289-3876) for information on films on decision making and social or emotional growth; or Linda Pattee, Educational Video Services, Maine State Library, LMA Bldg., State House Station 64, Augusta, Maine 04333 (Tel. 289-2956) for more information on videotape programs such as Self-Incorporated or On the Level which deal with decision-making, friendship and other social and emotional growth topics.

[8] Dinkmeyer, Don and Losoncy, Lewis E. The Encouragement Book. Englewood Cliffs: Prentice-Hall, Inc., 1980.

C. RECOVERING STUDENTS GROUP

Recovering Students Group Definition:

Students who return from treatment often experience the same stress and anxiety of soldiers returning from war. The world these students left is still the same, yet they are not the same. Recovering Students Support Groups help them adjust to their new chemical-free lifestyle and serve to encourage them to see the mistakes and slips they are bound to make as opportunities, not failures.

Goals of the Group

1. To provide recovering students with support for a chemical-free lifestyle.
2. To help the school assess the unique problems and stresses that recovering students experience.
3. To help the school assess students' needs for individual or family counseling outside the support group.
4. To help the school recognize the high risk periods for recovering students.

Goals for Group Members

1. To make significant lifestyle changes.
2. To move away from old friends and relationships that were part of a chemical use lifestyle.
3. To form new friends and relationships.
4. To cope with the stress caused by peer pressure to use once again.
5. To cope with other school and family stresses.
6. To cope with all of these changes and stresses without using mood-altering chemicals.

Tips on Group Process

Recovering students' re-entry problems pose many difficulties for the support group. Since students tend to flip-flop between extreme optimism and negativism, attendance may be erratic unless everyone agrees to specific group rules.

Recovering students often feel pressure to be perfect, to transform instantly into a new person free from association with old friends and temptations, to be free of past conflicts with parents. However, they may feel more like a "fink" than a new person. The expectation that they act differently in combination with the pressure to live chemically-free often threatens their emotional stability and other abilities to relate to people.

The group needs to help recovering students develop life-coping decision-making, assertiveness, and communication skills which are crucial to recovery, and learn how to successfully work through rejection and conflicts. The group also helps them anticipate and manage predictable crisis periods - holidays, summer vacations, and graduations. Utilizing visual arts like collages can open up discussions on topics such as, "My feelings about using alcohol on New Year's Eve." Without stimulus, topics like this might otherwise be met with silent stares and indifferent shrugs.

Recovering Students Group

Sessions	Content
1-2	Re-Entry: Relationship Building and Exploration:
	1. Students discuss the purpose of the support group and agree on group rules and personal goals.
	2. Students tell partners who they would trust to talk to about a relapse or personal problem. In small groups they discuss the characteristics of the person they would trust.
	3. Students practice active listening with partners and listen to the greatest fears about returning to school.

Recovering Students Group Cont'd.

Sessions	Content
1-2 Cont'd.	4. In small groups students discuss fear and how it relates to personal goals.
3	Planning for High Risk Times:
	1. Students identify the high risks periods - parties, weekends, rejections, family fights, holidays - and ways that they normally cope.
	2. In pairs, students discuss how they feel at a party where others are using chemicals.
	3. Facilitator introduces a problem-solving technique and students apply it to these high risk periods.
	4. Facilitator encourages the use of A.A., other helping resources, and helps students develop plans to obtain support outside the group.
4	Feelings and Me:
	1. Students list all the things that make them feel bad about themselves.
	2. With partners students make these liabilities into assets by rewording them positively.
	3. Students discuss feelings that they believe they cannot control and discuss how to express them positively.
5	4. Students practice expressing anger using assertiveness skills.
6-8	Assertiveness Training:
	1. Facilitator identifies the differences between aggressive and passive behavior, then describes assertiveness and how that is different.
	2. Students list situations in which they would tend to act aggressively or passively.
	3. Students demonstrate assertive behavior.
	4. Students practice assertiveness skills in a variety of problem situations.

Recovering Students Group Cont'd.

Sessions	Content
9-10	Self-Encouragement:
	1. Facilitator presents a mini-lecture on encouragement and discouragement.
	2. Facilitator demonstrates the encouragement process with one group member.
	3. Group members practice encouragement with other students who will face difficult situations in the next week.
	4. Students discuss how to make a seeming defeat into a learning situation
11	Onward:
	1. Facilitator helps students identify their goals and discuss what skills and support they need to manage predictable and unpredictable problems.

Elementary School Support Groups

Support groups can be just as effective for younger children as they are for adolescents. However, groups for youngsters need to use the visual arts as well as art and play educational techniques to elicit the children's own experiences with alcoholism. These groups are populated primarily by children of alcoholics. Fortunately, a wealth of resources has been developed in recent years on the issues of affected children (see bibliography). Using films, Ala-Tot literature, puppets and a curriculum on building self-esteem, a facilitator can help children cope with alcoholism at home.[8] Although getting the chemically dependent person into treatment is never the goal of these groups, sometimes the young child working on his or her own can effectively motivate the parent to get help.

[8] See materials in K-6 Chemical Dependency Prevention Curriculum, Children are People, Inc., St. Paul, MN, 1977; and Dinkmeyer, Don. Developing Understanding of Self and Others. D-2 Circle Pines, Minnesota, American Guidance Services, 1973. The Division of Alcohol and Drug Education Services is preparing materials to be used in running elementary school support groups. Contact the Division's Training Specialist, Bill Lowenstein, for more information (tel. 289-3876).

XVII. CONCLUSION

Once support groups begin in schools, students who previously remained quiet or unknown, except when they acted out to gain attention, are heard. The more students talk, the more school personnel grow to respect the individuality of troubled students, while understanding their common struggle to find a place to be competent and to relate to others in a changing world. As one troubled girl expressed her own struggle:

I am growing, world,
I am reaching and touching and stretching
and testing,
And finding new things, new wonderful
Things.
New, frightening things.
I'm just growing, world, just now.
I'm not tall, I'm not strong, I'm not
Right.
I'm just trying to be.
I'm a person, I'm me.
Let me test, let me try, let me reach,
Let me fly!
Push me out of my nest (but not too fast).
There is much I don't know.
There are things that I want-don't
Hide me from the sight of the world.
Give me room, give me time. There
are things I'm not frightened
To try.

Let me tumble and spring, let me go
Let me be. Wait and see...
I am growing, world,
Water me with the wisdom of
Your tears.

Cheri A. Millard (age 17)[9]

The struggle to be someone is difficult for everyone regardless of age. If students do not have to struggle alone; if adults can elicit the help of other students; if students can support one another; and if students and adults can listen to and win each other's cooperation - then the struggle to reach, touch, stretch, and test can be shared. The disease of chemical dependency requires such cooperation because it tends to divide people from one another.

We have pointed out some trouble spots, suggested some guidelines, and outlined some tasks for schools interested in developing programs to stem the tide of chemical dependency. Among these tasks is reaching a realistic understanding of the scope and limitations of a chemical dependency assistance program. One Maine school administrator summarized this understanding, after two years of support groups in his school, in this way:

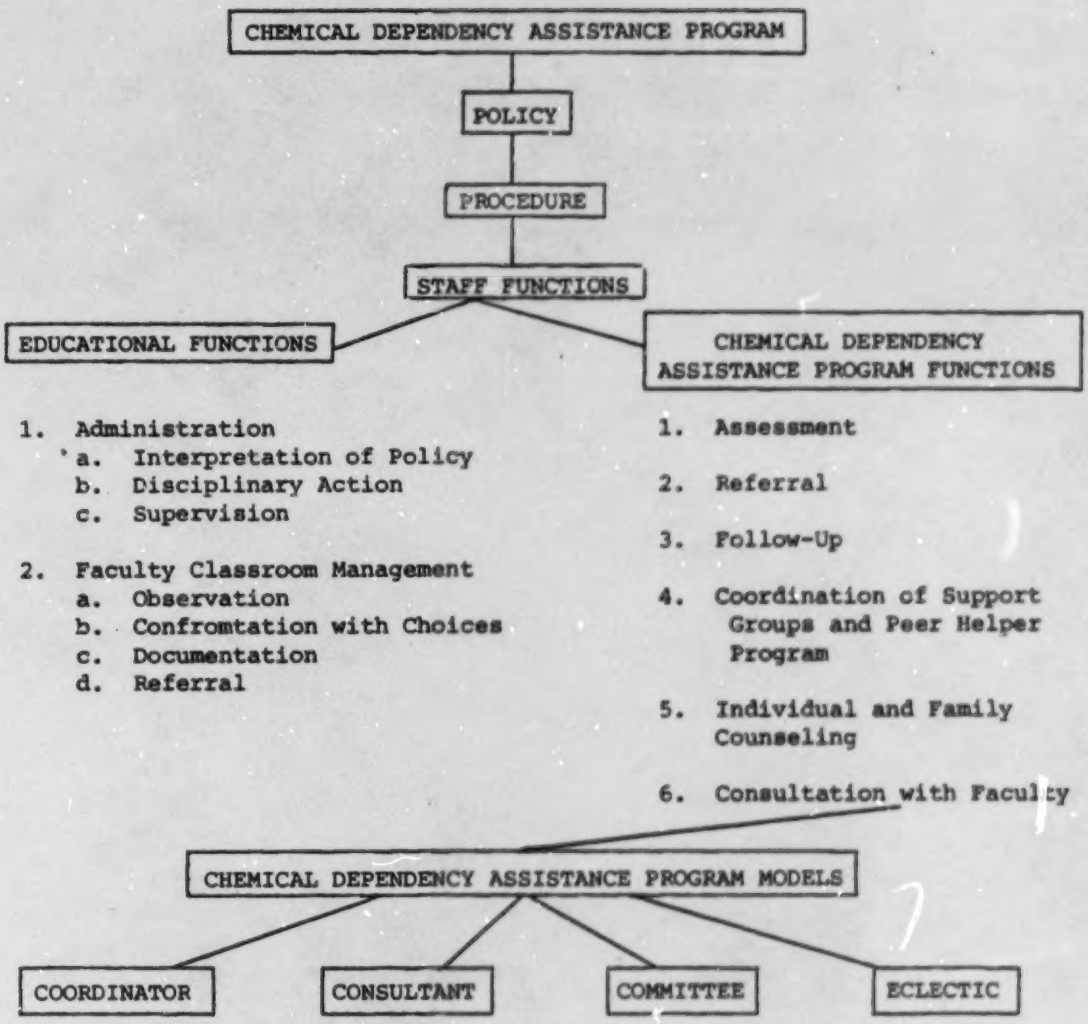
> "kids haven't stopped using entirely, but those kids who have been in groups are better able to handle difficult situations. In addition, school discipline has improved. Teachers tell me that the presence of groups gives an atmosphere of caring that everyone notices. Some kids who once were in sub-groups are aware that something is happening in the schools and what's happening is positive. There has been resistance of course,

[9] Konopka, Gisela. Young Girls: A Portrait of Adolescence. Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1966, pg. 14.

yet slowly we have made a difference. Now we are ahead of the resistance."

For the many schools in Maine that have begun to deal with the problem of chemical dependency, being ahead of the resistance is being well along the way.

APPENDIX I


CHEMICAL DEPENDENCY ASSISTANCE PROGRAM
POLICY
PROCEDURE
STAFF FUNCTIONS
EDUCATIONAL FUNCTIONS
CHEMICAL DEPENDENCY ASSISTANCE PROGRAM FUNCTIONS
1. Administration
a. Interpretation of Policy
b. Disciplinary Action
c. Supervision
2. Faculty Classroom Management
a. Observation
b. Confromtation with Choices
c. Documentation
d. Referral
1. Assessment
2. Referral
3. Follow-Up
4. Coordination of Support Groups and Peer Helper Program
5. Individual and Family Counseling
6. Consultation with Faculty
CHEMICAL DEPENDENCY ASSISTANCE PROGRAM MODELS
COORDINATOR
CONSULTANT
COMMITTEE
ECLECTIC

APPENDIX II

CHEMICAL DEPENDENCY ASSISTANCE PROGRAM

HOW IT WORKS FLOWCHART

School Staff Observes Student Behavior of Concern
-tardiness
-hostility
-withdrawal
has been frequently noted and recorded by concerned staff person(s). Emphasis on problem learning behaviors and/or obvious physiological problems.

↓

School Staff Addresses Student Behavior
- concerned staff member(s) talks to student
- if necessary, consults with assessment person

↓

Informal Assessment with Specified Assessment Person
-guidance counselor
-teacher
-social worker
-psychologist
-nurse
confers individually with student. If the problem appears to be chemical related, the assessment person will refer for a formal evaluation, either individual or group.

↓

Formal Evaluation with Registered Substance Abuse Counselor and/or Licensed or Certified Substance Abuse Provider confers with
-student
-assessment person
-family
-concerned others
to determine the presence of a chemical related problem, its severity and appropriate action plan.

↓

Action Plan
An appropriate action plan would include referral to both school and community resources.

↓

Provision of Services by existing school and community resources.
- individual counseling
- peer support groups
- remedial tutoring
- self-help groups
- residential treatment
- family counseling

↓

Feedback is Provided to the Specified Assessment Person
Resource provider reports status of treatment and plans for aftercare.
Specified Assessment Person confers with concerned staff to provide and to gain information relative to student behavior.

This flowchart was developed cooperatively with a committee of the Maine Association of Substance Abuse Programs.

APPENDIX III

Who Should Facilitate A Support Group?

Although training and in-service can provide facilitators with group skill training so that an expert is not required to facilitate a group, potential facilitators should answer these questions as a way to assess their attitude toward support group leadership.

1. Am I willing to devote several hours a week to reviewing prior group sessions and preparing to lead a discussion?
2. Do I enjoy listening to others and encouraging them to share their thoughts and reactions?
3. Am I good at summarizing a discussion and keeping it moving in a productive direction without overly controlling it?
4. Am I able to convey enthusiasm and offer encouragement?
5. Am I comfortable being a participative leader sharing experiences with students and accepting responsibility for the topic rather than acting as an authoritative teacher covering required material?

If you answered all five of the above questions in the affirmative and can accept feedback from students, you will probably enjoy success in managing a group.

Adopted From: "Developing Capable People": Facilitators Manuel, Steven Glann, South Carolina Commission on Alcohol and Drug Abuse, (Columbia South Carolina, 1983)

APPENDIX IV

Self-Diagnostic Rating Scale

Competencies for the Role of Support Group Facilitator

Indicate on the six-point scale by each of the competencies listed below: (1) the required level for excellent performance of the role you are in now or are preparing for by placing an "R" (for required level) at the appropriate point; (2) the level of your present development of each competency, by placing a "P" (present level) a the appropriate point. You will emerge with a profile of gaps between where you are now and where you need to be in order to perform your role well.

This is how it would look:

P R

0 1 2 3 4 5

I. As an Individual Learner:

A. Regarding awareness of own attitudes and values.

1. Ability to describe and identify own biases and attitudes toward alcoholism and drug dependency.

0 1 2 3 4 5

B. Regarding A.M., Al-Anon, Alateen and Self-Help.

1. Ability to provide rationale for A.A., Al-Anon, Alateen and their effectiveness in a person's recovery.

0 1 2 3 4 5

C. Regarding family treatment.

1. Ability to identify the way the family members are affected by the disease and the various dysfunctional roles of the family.

0 1 2 3 4 5

D. Regarding the hospital treatment process.

1. Ability to describe and identify the different phases of treatment - from screening to detoxification, to rehabilitation, to aftercare.

0 1 2 3 4 5

E. Regarding individual helping skills.

1. Ability to build a relationship with a student and to listen to students.

0 1 2 3 4 5

2. Ability to maintain adequate eye contact and basic attending skills.

0 1 2 3 4 5

3. Genuineness through responses that are sincere, appropriate, and concrete.

0 1 2 3 4 5

4. Positive regard without interjecting values, communicating respect and concern for student's feelings, experiences, and potentials.

0 1 2 3 4 5

5. Ability to confront a student with denial and to get him/her to deal with the disease of chemical dependency.

0 1 2 3 4 5

F. Regarding group counseling skills.

1. Ability to facilitate a support group and to get members to work in the group to deal with feelings and with the disease of chemical dependency.

0 1 2 3 4 5

2. Ability to be involved in group and to share own feelings in group setting.

0 1 2 3 4 5

3. Ability to relate to all group members non-judgementally, regardless of their age, sex, creed, or sexual preferences.

0 1 2 3 4 5

4. Ability to know the different styles of running groups and be able to determine what is most effective.

0 1 2 3 4 5

5. Ability to attend to all members equally and follow verbal behaviors.

0 1 2 3 4 5

6. Ability to deal with pain, anger or sadness in others without avoiding or minimizing the intensity of feelings.

0 1 2 3 4 5

APPENDIX V

SAMPLE

General Consent Form

I, _____, authorize _____
(student name) (name of school

_____ to disclose to _____
person disclosing)

_____

_____

_____

_____
(name or title of person(s) or organization(s) to which disclosure is to be made)

(the following identifying information from my records (specify extent or nature of information to be disclosed):

_____

_____

_____

The purpose or need for such disclosure is _____

_____

_____

This consent to disclose may be revoked by me at any time except to the extent that information has already been released to a person or organization.

This consent (unless expressly revoked earlier) expires upon _____

_____
(specify date, event, or condition upon which it will expire)

Signature of Student _____ Date _____

Signature of Witness _____ Date _____

Signature of Parent, Guardian or Legal Representative

_____ Date _____

Specify Relationship _____

Used with permission of: Anderson, Gary L., The Student Assistance Program: An Overview of A Performance-Based Program for Identifying And Assisting Troubled Students in the School Setting. Madison, Wisconsin: 1979: Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse.

APPENDIX VI

SAMPLE LETTER TO TREATMENT FACILITY

Mr. Director
Treatment USA
1234 Lane
Anywhere, Maine 12345

Dear Mr. Director:

We are pleased to know that one of our students, _____, has entered treatment in your facility. As a school staff, we feel very good when one of our students takes positive steps toward an improved lifestyle.

It is our expectation that school personnel will be included in your efforts as _____ moves through the continuum of care. We have trained individuals on our staff who can be helpful with evaluation and facilitation of support groups as a part of a follow-up program. We invite you to use us as a concerned resource. Our major concern is that the progress made at _____ be maintained and supported by joint planning for _____'s return to _____.

We will expect to hear from you in the near future to arrange conference time once _____'s dismissal from treatment appears imminent.

Sincerely,

_____ _____

Chemical Dependency Assistance Coordinator

Principal

cc: Parents

Reprinted through permission of Ms. Sylvia Horowitz, Chemical Concerns Specialist, Robbinsdale Area Schools, Robbinsdale, Minnesota.

APPENDIX VII

ANYTOWN PUBLIC SCHOOLS
JOINT INDEPENDENT DISTRICT NO. 0
Anytown, Maine 00000

[SAMPLE PARENT LETTER]

January 31, 1984

Dear Parents:

This letter is being sent home with all students at Anytown Public School.

As an extension of the Chemical Dependency Assistance Program in our school, a support group for children is being offered. The group will promote positive self-esteem, meaningful relationships, and informed decision making. Awareness of chemical abuse and dependency will also be explored. This group will help meet the needs of those students who are living in families where there are concerns relating to alcohol and/or other drug abuse.

This group will meet for approximately one hour each week. It will provide a safe and confidential setting for students to share their concerns. Group topics will include: feelings, defenses, risks and choices, chemical dependency, families and specialness.

John Smith and Alice Jones will be group leaders. They have had special training in establishing and implementing support groups for youth in schools.

If you feel your child would benefit from involvement in this group, please contact Robert Doe, Principal or Alice Jones, Group Leader, at 685-3160; anomymity will be respected. Since it is necessary to keep the group small (10 maximum), there may be a waiting list.

Sincerely,

Alice Jones, Special Services

Robert Doe, Elementary Principal

Ad: RD/mpm

APPENDIX VIII

CHEMICAL DEPENDENCY ASSISTANCE PROGRAM FORM

If a troubled student is to be helped, he or she should be referred to the person in your building who coordinates Chemical Dependency Assistance Program referrals. Such referrals must be based on behavior which you have actually observed. As a rule, isolated instances of poor or unsatisfactory performance will not be grounds for referring the student. However, whenever the student exhibits several of the following, or there is a definite and repeated pattern or tendency in an unacceptable direction, he or she would be referred. Please give this form to your Chemical Dependency Assistance Program contact person, or place it in the person's mailbox. Place it in an envelope marked "confidential."

Student_____ Grade_____ Date_____

Referred by _____

PLEASE CHECK APPROPRIATE RESPONSE: COMMENTS:

I. ACADEMIC PERFORMANCE OBSERVED:

____Declining quality of work
____Declining grades earned
____Incomplete work
____Work not handed in
____Academic failure

II. CLASSROOM CONDUCT OBSERVED:

____Disruptive in class
____Inattentiveness
____Lack of concentration
____Lack of motivation
____Sleeping in class
____Failing memory
____Extreme negativism
____In-school absenteeism (cutting)
____Tardiness to class
____Defiance; breaking rules
____Frequently needs discipline
____Cheating
____Fighting in class
____Throwing objects
____Defiance of authority
____Verbal abuse
____Obscene language, gestures
____Sudden outbursts of temper
____Vandalism
____Frequent visits to lavatory
____Frequent visits to nurse, counselor
____Hyperactivity, nervousness

III. OTHER UNUSUAL BEHAVIOR OBSERVED: COMMENTS:

____Erratic behavior from day-to-day
____Negative change in friends, peer group
____Older social group
____Sudden, unexpected popularity
____Mood swings
____Seeks constant adult contact
____Public intimacy; sexual looseness
____Seeks adult advice without a specific problem
____Time disorientation
____Unrealistic goals
____Changes in personal values
____Inappropriate responses
____Depression
____Defensiveness
____Withdrawal; a loner; separateness from others
____Sitting in parking lot
____Other students express concern about possible problem
____Fantasizing, daydreaming
____Overachievement in grades, activities; preoccupied with school success
____Struggle for achievement, perfection
____Difficulty in accepting mistakes
____Being rigidly obedient

IV. POSSIBLE ALCOHOL/DRUG BEHAVIORS:

Witnessed	Suspected	
( )	( )	Selling, delivering
( )	( )	Possession of alcohol, other drugs
( )	( )	Possession of drug paraphenalia
( )	( )	Use of alcohol, other drugs
( )	( )	Under influence of alcohol, other drugs
( )	( )	Odor of alcohol, other drugs
( )	( )	Talks freely about use; bragging
( )	( )	Associates with known users
( )	( )	Physical signs, symptoms

What actions have you already taken? (Talked to student, to parents, referred to principal, counselor, etc.)

What actions do you contemplate taking?

Other comments:

V. OTHER SCHOOL CONDUCT (to be completed by Chemical Dependency Assistance Coordinator)

____Unexcused absences
____Frequent absenteeism (excused)
____Marked absent but in school
____Tardiness
____Suspensions

V. OTHER SCHOOL CONDUCT (to be completed by Chemical Dependency Assistance Coordinator(Cont'd.)

____Schedule changes
____Frequent disciplinary referrals
____Loss of athletic eligibility
____Increasing non-involvement
____Involvement in thefts, assaults
____Carrying weapons
____Home problems
____Job problems
____Problems with law enforcement
____Operating under the influence

Used with permission of: Anderson, Gary L., The Student Assistance Program: An Overview of A Performance-Based Program for Identifying and Assisting Troubled Students in the School Setting. Madison, Wisconsin: 1979: Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse.

CHEMICAL DEPENDENCY ASSISTANCE PROGRAM CHECKLIST

A. Policy and Training

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Does the school have a policy for the chemically dependent and affected student?		Board Training	
Does the school have a procedure for dealing with students with chemical dependency problems?			
Is the staff aware of the policy procedures? Do they refer a student for help?			
Do the administrators and teachers know what their job functions are as part of a chemical dependency assistance program? a. observe/identify b. confront c. document d. refer		Staff In-Service	
Are school staff aware of the program functions of a chemical dependency assistance program? a. assessment b. referral c. follow-up d. support groups e. counseling f. consulting			

B. Assessment

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Who is responsible for assessment in the schools? Is it built into his/her job description?			
Does this assessment person care about his/her students?			
Does this assessment person clearly understand the disease of chemical dependency?			
Can this assessment person provide an appropriate place to do an assessment?			
Can this assessment person insure confidentiality?			
Does the school have a support system and groups available?			
Is this assessment person aware of referrals that could be made? A.A.? Alanon? Treatment? Family Counseling? Support Groups? Alateen?			
Does the school board, faculty and staff understand the purpose of assessments?			
Is there a procedure for referral for further assessment in place?			

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B. Assessment Continued

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Is there a formal agreement between the school and a treatment facility?			
Does the assessment person recognize the three different levels of assessment? a. early intervention b. informal assessment c. formal evaluation			

C. Support Groups

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Does our present policy and procedure include the support groups and the referral procedures to groups?			
Which students are to be involved in the support group planning committee?			
What type of support group membership will we have? a. alcohol and drug specific 1. assessment 2. concerned person's group 3. recovery b. generic groups			
What are the referral procedures to support groups? a. staff b. administrative c. community d. family e. peer			
Who will do the screening for support groups?			
How are we going to involve students in naming groups?			

C. Support Groups Continued

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
How are we going to inform faculty and students of purpose of support groups?			
Who are the faculty/community members interested in being facilitators?			
How do we plan for the groups in school? a. room arrangements b. time of groups/scheduling c. group rules			
When are we going to schedule and train group facilitators?			
What will be the group supervisicn for facilitators? Who will do it?			
How often will we evaluate goals and objectives of support groups and its members?			

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A.A. World Services, Inc. Box 459, Grand Central Station, New York NY 10163.

Addiction Research Foundation. 33 Russell Street, Toronto, Canada M5S251.

Al-Anon and Alateen AFG, Inc. P.O. Box 182, Madison Square Station, New York NY

Alfred Adler Institute. 159 North Dearborn Street, Chicago II 60601.

Mailing Addresses For More Information (continued):

Center For Youth Development and Research. University of Minnesota, 304 Walter Library, Minneapolis MN 55455.

CompCare Publications: 2415 Annapolis Lane, Minneapolis MN 55441.

Hazeldon Educational Services. Box 176, Center City MN 55012.

Institute For Rational - Emotive Therapy. 45 East 65th Street, New York NY 10021.